

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	FILE NO.	DATE
FEE DETERMINATION	Imc		2/3/99
O.I.P.E. CLASSIFIER			2/5/99
FORMALITY REVIEW	JAB	66902	2-12-99

INDEX OF CLAIMS

✓ ..... Rejected  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected  
 (Through numeral) ... Canceled  
 - ..... Restricted

Claim	Date
Final	
Original	
1	2/6/99
2	1/6/99
3	8/6/99
4	1/6/99
5	9/6/99
6	3/6/99
7	8/6/99
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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